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ABSTRACT

The rapid increase in literature and modalities of family therapy has made it difficult for counselors working with families to find an integrative approach to assessment and treatment planning. As a result, many counselors move from one paradigm to another without attempting to integrate approaches. This paper attempts to integrate five paradigms of family therapy which focus on five aspects that are part of all family functioning: (1) interactional theory; (2) structural theory; (3) multigenerational theory; (4) developmental theory; and (5) existential theory. The key ideas of each theory are outlined. Implications for assessment and treatment planning using all five theories are explored. The paper describes assessment in an integrative model which focuses on the basic structural configuration of the family (structural); levels of differentiation from family of origin (multigenerational); the developmental point of the family (developmental); charting counterproductive interactional sequences (interactional); and the type of meaning system or ideology the family has (existential). Again using the five theories, treatment goals are discussed which focus on structural realignment, helping spouses achieve greater differentiation of self, building of productive communication skills, education on developmental themes, and working with existential themes. (NB)

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TOWARD AN INTEGRATIVE APPROACH TO ASSESSMENT AND TREATMENT PLANNING IN FAMILY THERAPY

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TOWARD AN INTEGRATIVE APPROACH TO ASSESSMENT AND TREATMENT PLANNING IN FAMILY THERAPY

Abstract

The rapid increase in literature and modalities of family therapy has made it difficult for counselors working with families to find an integrative approach to assessment and treatment planning. As a result, many gravitate from one paradigm to another without attempting integration.

This paper aims at integrating five paradigms of family therapy: interactional theory, structural theory, multigenerational theory, developmental theory, and existential theory. After outlining the key ideas on each, implication for assessment and treatment planning utilizing all five theories will be explored.

TOWARD AN INTEGRATIVE APPROACH TO ASSESSMENT AND TREATMENT PLANNING IN FAMILY THERAPY

Introduction

In recent years, the family therapy movement has experienced rapid growth and numerous publications. Various models of treatment have been offered and popularized through workshops and training progroms. While new theoretical approaches are helpful, they tend to be somewhat grandiose in their claims for "cure". As a result, beginning therapists tend to flock to workshops and work at initiating the styles of the masters. What is frequently missing is an attempt to move towards an integrated model of family therapy.

This paper is aimed at the novice in family therapy who desires an overview of some of the major schools of family therapy. In addition, it suggests an integrated model for assessment and treatment planning in family therapy. It begins by setting forth basic postulates of systems theory, and then moves through five models of family therapy. Building on those models, it suggests an integrated model for both assessment and treatment planning.

BASIC SYSTEMS THEORY

Maria Selvini Palazoli defines family systems theory by saying, "family systems is a way of thinking, not a garage for repairing families. (Schultz, 1984, p. 55)" Many mistakenly think that family therapy is simply working with

a family as opposed to with an individual. Palazoli's comment is helpful in remembering that systems theory is a way of thinking.

Systems theory is concerned with the relationship of the whole with its interacting parts, and the interaction of both with the environment. The person is explained in terms of his or her function within the system. Thus, individual psychopathology is not the focus. Rather, the focus is on the role of the symptom within the system. Concepts of "good guys and bad guys" become obsolete in this way of seeing.

Cybernetics deals with how the system regulates itself, through a predictable feedback loop. For some systems the feedback loop is a deviation reducing feedback. For example, as one person shouts, the other gets progressively quiet. These are referred to as complementary relationships. On the other hand, symetrical relationships tend to employ deviation amplifying feedback. For example, as one person shouts, the other shouts louder, and the interaction progressively escalates.

Homeostasis is the way in which a system maintains a relatively constant emotional atmosphere, similiar to the way in which a thermostat and heating system have a feedback loop, which maintains a constant temperature.

One way homeostasis is maintained is through a "identified patient". If a marriage is functioning poorly,

and divorce is not an option, one way of maintaining homeostasis is to scapegoat an identified patient through the families unconscious emotional process. One child may begin "acting out". A triangle is formed and the marital system now has a focus, creating the illusion of intimacy.

Systems theory focuses on the relationship between a whole, its parts, and their relationship to the larger system. Cybernetics concerns itself with how the system is regulated, and how homeostasis is maintained.

In an attempt of build an integrated systems perspective, five paradigms for doing family therapy will be reviewed, drawing implications for assessment and treatment planning.

STRUCTURAL FAMILY THERAPY

Structural family therapy, as developed by Salvadore Minuchin at the Philadelphia Child Guidance Center, focuses predominantly on the structural hierarchy of the family. It is concerned with the family subsystems, (marital, parental, sibling, and inlaw) and how generational boundaries are maintained between subsystems. It focuses on how the executive system (mother and father in an intact family) function together to provide strong enough boundaries to allow tasks within the family to be executed.

Most family problems stem, according to structural theorists, from inappropriate hierarchies and boundaries.

Boundaries that are too rigid lead to either disengaged subsystems or rebellion. Boundaries that are diffuse lead to enmeshment, lack of authority, and potential division in the executive system.

Inapppriate boundaries also lead to triangles and coalitions, where children become "parentified", assuming too much responsibility as the executive system has broken down. On the other hand, inappropriate boundaries which scapegoate an identified patient, give the executive system the illusion of working properly.

Finally, boundaries and hierarchy must be developmentally appropriate. They must be flexible enough to change in reponse to the changing developmental needs of the sibling system.

MULTIGENERATIONAL THEORY

Multigenerational theory, as developed by Murray Bowen (1978) and refined by Guerin and Fogarty (1976) and Friedman, (1985) focus, utilizing a genogram, on the multigenerational themes within the family.

Its primary focus is to assess the level of differentiation of the couple system from their respective families of origin. It will gather information through the use of the genogram, on birth order, family roles, triangles, allignments, and seek to assess the level of differentiation of husband and wife from their respective

families of origin. It will seek to explore how family issues have been dealt with, whether through emotional cut offs, or through enmeshment. The goal of family of origin work is to be able to literally go home, and be emotionally non-reactive, disengagefrom triangles and enmeshments, and learn to engage family members where emotional cut offs have been the style. This is to be done by learning to maintain a sense of "non-anxious presence" to borrow Friedman's phrase (1985) This means being oneself in a non-reactive and non defensive manner. Obviously, this is not a short term therapy.

It postulates that marital and family problems are the result of lack of differentiation of self from family of origin. As greater differentiation of self occurs, growth will occur maritally.

DEVELOPMENTAL THEORY

Developmental theory (McGoldrick, 1980) suggests that frequently marital or family problems occur at times of developmental crisis. McGoldrick (1980) suggests family devlopmental cycles include the periods of : courtship, early marriage, marriage with young children, the family with children in school, the family with adolescents while at the same time experiencing mid life crises, the couple going through the empty nest syndrome, and the couple in retirement.

Each of these developmental periods has its predictable crises as well as developmental tasks. Frequently, these crises and tasks stretch the family structure bringing significant stress. As a result, often these transitional points in the life cycle are when couples or families come in for therapy.

INTERACTIONAL THEORY

Interactional theory as developed largely through the Mental Research Institute and developed by Watzlawick (1967) focuses, as all systems theories do, on process versus content. It focuses on how marital interaction is punctuated. For example, a husband might say he withdraws because his wife nags, while the wife reports she nags because he withdraws. Different means of punctuation keep the marital or family interaction stuck. The problem for the couple, is their inability to metacommunicate, that is to communicate about the way they communicate. As a result, they keep focusing on content issues versus process issues. Interactional theory focuses on themes such as that of pursuer - distancer, meaning that one person in the relationship takes on the role of the pursuer of emotional intimacy, while the other takes on the role of the distancer. The roles keep reinforcing each other through a predictable feedback loop. Much the same is true for those relationships where one person is over-responsible while the

other is under-responsible. Again, the roles are reinforced through the interaction.

Interactional theory then focuses on patterns of interaction, and roles and styles of communication. It consistently focuses on process versus content, and attempts to disrupt interactional sequences.

EXISTENTIAL THEORY

Beavers, in Psychotherapy and Growth, suggests nine measures of health in family functioning. His final measure of health includes a "transcendent value system". Beavers asserts that the inevitable experiences of loss that are experienced in the loss of children in the leaving home process, or the inevitable loss of spouse or parents can only be managed with some type of transcendent value system. In Successful Marriage he states:

> Healthy marital partners also have meaning that transcends their own skin and the boundaries of their family members. It may provided by conventional religion or by a passionate cause... The content seems unimportant (at least to an observer) but having a belief that directs energy and provides community with others outside the family is vital. (p. 75)

Fogarty (1976) says much the same thing. He states that one of the four dimensions of self is the depth dimension which moves toward the spiritual in a mystical

search for completeness. If there is not some type of transcendent value system, this dimension of self will be frustrated and may manifest itself with attempts of fusion in marriage.

The existential dimension concerns itself with matters of "ultimate concern" to borrow from the late theologian Paul Tillich. This dimension of therapy explores the existential meaning system and religious ideology of the family and what their "ultimate concern"is.

IMPLICATIONS FOR ASSESSMENT

Assessment, in an integrative model, seeks to make assessments from all five schools of thought.

From a structural perspective, the basic assessment is to discover the basic structural configuration of the family. This assessment will focus on how the executive system functions, and determines how well boundaries are working, in terms of both flexibility and developmental appropriateness, In addition, assessment of how triangles operate within the structure must be made.

The multigenerational assessment will basically focus on levels of differentiation from family of origin. It will also assess, through use of genogram, key triangles, cut offs, and enmeshments. Finally, it will assess how family themes are transmitted generationally.

Developmentally, the key assessment will obviously be to determine at what developmental point the family is at, and how the current difficulties may be related to a developmental crisis.

Interactional assessment will focus on charting counterproductive interactional sequences. It will assess how interactions are punctuated, track themes such as distancer and pursuer, and over-responsible under-responsible. It will assess what the "rules" of communication are, how assertion and anger are handled, and what type of conflict resolution skills are apparent.

Finally, some existential assessment must be made in terms of what type of meaning system or ideology the family has, and how effectively it works both in terms of ordering life, providing meaning, and helping the family participate in community in some meaningful way.

IMPLICATIONS FOR TREATMENT PLANNING

As assessment is done on five levels, so treatment planning must think through the five part assessment just described. Treatment goals may be set on five levels depending on the assessment.

On the structural level, treatment goals will focus on structural reallignment. This involves clarifying generational boundaries, empowering the executive system (mother and father in an intact family), and focusing on

marital issues in such a way that triangulation is disrupted. Finally, the goal of structural therapy is to have boundaries that are strong enough for the family to function effectively, but flexible enough to be developmentally appropriate.

Multigenerational goals will focus on helping husband and wife achieve greater differentiation of self, and greater self-focus. This will be done by the therapist assuming a coaching role, and giving "going home" assignments so that cut offs are repaired, and triangles are disrupted. It assumes that if greater differentiation of self is achieved in one's family of origin, greater marital health , permitting both seperatness and togetherness, will be the outcome.

Interactional goals will involve the disruption of counterproductive interactional sequences as well as interruption of themes such as pursuer-distancer, and over-under responsibility themes through therapeutic interventions. In addition, attention will be focused towards the building of greater communication skills.

Developmentally, a psychoeducational model will be employed to help the couple or family understand where they are developmentally, as well as what the predictable crises and developmental tasks of their stage are. Frequently, providing some education on developmental themes, is reassuring.

Finally, some attention must be focused on existential themes. Here the therapist may help the couple or family draw on whatever spiritual resources they have available to provide an existential meaning system, or religious ideology. It assumes that if a existential meaning system can be mobilized it will promote greater health within the family.

CONCLUSION

This has been an attempt to help therapists think from an integrative systemic perspective. It has focused on the use of five paradigms which focus on five aspects that are part of all family functioning. That is, all families have a structure, a multigenerational history, a style of interpersonal interaction, are at a developmental point, and have an existential dimension.

This paper has focused predominantly on the use of these paradigms for assessment and treatment planning. It assumes that if assessment is made on these five levels , then treatment goals can also be made on five levels.

Future research may need to focus on how therapists are to know which level to focus on, where to begin, and how to proceed through the course of treatment while trying to balance these five issues.

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